

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582,43

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3						
4		✓				
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	✓					
17		✓				
18						
19		✓				
20						
21						
22						
23		✓				
24	✓					
25		✓				
26						
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36						
37						
38						
39						
40						
41						
42						
43						
44	✓					
45		✓				
46						
47						
48						
49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	82	←		←		←
TOTAL CLAIMS	88					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	✓					
53						
54		✓				
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70						
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72						
73						
74						
75						
76	✓					
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						